The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate
Permit No. 29 Office of Registran of Vital Statistics. Ward The Physician who attended any person in a last illness, is responsible for to be sentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial and the twenty for the results and deceased, or sooner, requested so to do, under penalty of law. No Permit for Burial Can be the out of the Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, June 8"/8%.
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not required in this line.}
Age, To Years, Manths, Days.
Color, Popile.
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, of of foreign birth. Duration of Residence in the City of Baltimore, I have
Place of Death, {Give Street and } 827. Salted Gent,
Cause of Death, Second (Immediate), Oxhaustion,
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, New Cothedral Comity
Date of Burial, funt. 11
S Undertaker, for goerdens & Son Mil. J. Medical Stendard.
Place of Business, 210 of Selover de ddress. 062. 18 ce in Ja

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Place of Business,

The Special Attention of Physicians is Respectfully Invited to the	e Remarks below, and to List of Diseases on back of this tertificate.
	t, City of Baltimore.
ermit No. 292 Office of Regist	responsible for the presentation of this Certificate, accurately filled out,
equested so to do. Under benalty of law.	respondingle for the presentation of this Certificate, accurately filled out, thin twenty-four hours after the diath of said deceased, or sooner, if
마네 (CC) - B. C.	E OF DEATH.
Date of Death, LINEOlnes	da Juni 8/1 . 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names }	mis. Helen Johnston
Sex, Male or Female, {Cross out the word not }	remale
Age, Years,	Months, Days.
Color,	White
Cross out the	a words not)
Occupation,	Employed in Posting the
Birth Place, {State or country, and how }	Balto mol
Duration of Residence in the City of Baltim	ore, Lefe time,
Place of Death, {Give Street and }	
(First (Primary)	cute Phthisia Pulmanalis
Cause of Death, Second (Immediate),	
Duration of Last Sickness, All the above information should be furnished by the Physician.	Six months
Place of Burial, Mount ofuset	
Date of Burial, Pune 10 1887	1. 1.
(Undertaker, Pames & Parne	Wilmer Britan M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

FRONT

Address,

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Spe

Permit M Th to the U requested

Date (

Full A

Sex, A Age, ...

Color,

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Occupa Birth

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Place

Cause

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Date o

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twenty-for
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and date

Board of Health, City of Baltimore,	
Permit No 1 29.3 Office of Registrar of Vital Statistics. Ward	2 =
The Distance of and of any person in a last illness is restrumible for the presentation of this Cert	tificate, accurately filled
out, to the Undertaker or other person superintending the turnit arthur the arriver hours after the death of sail frequested so to do, under penalty of law.	•
No PERMIT FOR BURLA ON BE OBTAINED WITHOUT A PROPER CERTIFICATE.	0
CERTIFICATE OF DEATH.	
DI CONTROLLE STATE OF THE STATE	1885
Date of Death,	, /
Full Name of Deceased, { Write tegib y and spell correctly. If an Infant not named, give names of parents.	der
Sex, Male or Female, {Cross out the word not }	
Age, 3/ Years, Months,	Days,
Color, White	
Married, Single, Widow or Widower, {Cross out the word not } Maisse	ecl
Occupation, Mone	
Birthplace, State or country, and now long in the United States. I for foreign birth.	1
Duration of Residence in the City of Baltimore,	last.
Place of Death, { Give street ala } //36 Conton and	come!
First, (Primary,)	
Cause of Death, Second, (Immediate,)	0
Duration of Last Sickness, — — — — — — — — — — — — — — — — — —	>
Place of Burial, St. Pauls Cem	0
Date of Burial, Sung 11 287 A Shu	ellin D.
Unaertaker, 9. Manice	Attendant.
Piace of Business, Fant & Wolfund Address, 1000.03	owners
Extract from Regulations of the Board of Health to secure a full and correct Vita! Statistics in the City of Baltimore.	
SECTION 2. And be it further enacted and ordained, That whenever any person shall d'e in the said	city, it shall be the duty

of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Barial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and

the cause and date of death, except in cases of births and deaths of illegitimate children.

ALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/27/2022.

Place of Business,

The Special Attention of Physicians is Respectfully Invited to the R	emarks below, and to	List of Diseases on l	Back of this Certificate.
Bealth Department.	City of	Baltim	ore.
Permit No. A 294 Office of Rolling	r of the	atistics.	Ward 2
The Physician who attended any person in a last threes, is respect to the Undertaker or other person superintending the burial, with requested so to do, under penalty of law. No PERMIT FOR BURIAL CAN PORTAIN	- 4. 8		ate, accurately filled out, deceased, or sooner, if
CERTIFICATE	OF DE	EATH.	C
Date of Death, June 9 -	7		
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	es. Da	lher	
Sex, Male or Female, {Cross out the word not }	```````````````````````````````````````		
Age, 70 Years,	Months	,	Days
Color, Praile			
Married, Single, Widow or Widower, {Cross out the wor required in this	ds not }	1	
Occupation, Driver			
Birth Place, {State or country, and how long in the United States,}	con		
Duration of Residence in the City of Baltimore,	Ste you		
Place of Death, (Give Street and) 6 9 7	. Waly	+ St.	
Cause of Death, First (Primary), Puenu	ouin H'	old a	11-
Second (Immediate), Zgluce	ustro	- 0	
Duration of Last Sickness, 520 Ro		•••••	
Place of Burial, St. Holmonsus Cen			
(1/ 1/2-	-	n	
Date of Burial, Sum 11 = 8/	True C	1/1 2	sadle M D

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Medical Attendant

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting it. In sofar as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Kespectibily Invited to the Kemarks Delov	w, and to last of Discases on Dack of this off Chicago.
Bealth Department, City	of Baltimore.
Permit No. 79 Office of Registrar of Vi	
The Physician who attended any person in a last illness, is responsible for to the Undertaker or other person superintending the buriel, within twitte four requested so to do, under penalty of law, NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT	tours after the death of said deceased, or sooner, it
CERTIFICATE OF	DEATH.
Date of Death,	09: 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	Jes manning
Sex, Male or Female, {Cross out the word not }	
Age, Years,	Months, Days.
Color, White	
Married, Single, Widow or Widower, {Cross out the words not }	
Occupation,	
Birth Place, {State or country, and how long in the United States, if of foreign birth.	and a
Duration of Residence in the City of Baltimore,	o years.
Place of Death, {Give Street and }	a Ken' U
Cause of Death, First (Primary),	<i>a</i> -
Second (Immediate),	h. 11
Duration of Last Sickness, All the above information should be furnished by the Physician.	mills 1
Place of Burial, St Veters	1 1 01
Date of Burial, Inne 11	1 Secul NA
J Undertaker, L. f. Convan	Medical Attendant, RO
Place of Business, 901 hollmond Address,	109 M- Combert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians	is Respectfully Invited to th	ne Remarks below, and to	List of Diseases on back of	this Certificate.
	Departmen	The same of the sa		. 14
	Office of Regist			14
The Physician who attended ar to the Undertaker or other person st requested so to do, under penalty of	y person in a last illness, is uperintending the burial, wi	responsible for the presenthin twenty-four hours at	etation of this Certificate, a certificate the death of said decease	sed, or sooner, it
No Permit	FOR BURIAL CAN BE OF	ALXED WITHOUT A PRO	PER CERTIFICATE.	73
CER	TIFICAT		EATH.	
Date of Death,	June 1			
Full Name of Deceased,		Tholas 9.	Hopf	
Sex, Male or Female, { cross requi	L 4 3 797 1 1			/
Age, 36	Years,	Monti	hs,	Days.
Color,	white			
Married, Single, Widow or	Widower, Cross out the	his line.		
Occupation,	Labor	er .		
Birth Place, State or country, and long in the United S if of foreign birth.	tates, Ball	T. Col	/.	
Duration of Residence in	the City of Baltim	ore, auny	uf	
Place of Death, Give Street and Number.		autiavi		
Cause of Death,	mary), Con Que	uptijn.	· · · · · · · · · · · · · · · · · · ·	
Duration of Last Sickness All the above information should be for		to,		
Place of Burial, & To	4 omens		1	
Date of Burial, Jmy		K. 111	and 1	
{ Undertaker, /// Place of Business, / U	Dispell Fit & Bom	Address, 129	So Brown	ant.
Extract from Regulations of the		ure a full and correct Baltimore.	t record of the Vital St	atistics in the
Section 2. And be it further at the Physician who attended during twenty-four hours after the death, to the same can be ascertained, the full and date of death.	his or her last sickness, or the Undertaker or other pe	the Coroner, when the caersons superintending the	ase comes under his notice, to Burial, a certificate setting	to furnish withing forth as far as

The Special Attention of Juan	is is Respectfully Invited to the	Remarks below, and to	List of Diseases on back	of this Ertificate.
- A nay	Department Office of Region			9;
The Physician who attended to the Undertaker or other person requested so to do, under penalty of No Perm	any person in a last allows, is resuperintending the burial, with faw. UT FOR BURIAL CAN BE DETA	esponsible for the present in wenty-four Mours afte	tation of this Certificate, or the death of said dece	
CER	TIFICATE	Part of the second seco	EATH.	V
Date of Death,	Jun 9/8	2		
Full Name of Deceased, Sex. Male or Female. [Cr.	Write legibly and spell correctly. If an Infant not named, give names	Isia Ira	in Dus	
Sex, Male or Female, { rec	furred in this line.			
Age,	Years,	4 Month	8,	2 > Days.
Color,	white	•		
Married, Single, Widow	or Widower, {Cross out the w	ords not }	· · · · · · · · · · · · · · · · · · ·	1
Occupation,				/
Birth Place, State or country, a long in the United if of foreign birth	and how I States,	95	1/	
Duration of Residence i	n the City of Baltimon	re,	- 11	
$Place \ of \ Death, \{^{ ext{Give Street: Number.}}$		Annsp	<u> </u>	
$egin{aligned} \textit{Cause of Death}, & & & & & & & & & & & & & & & & & & &$	(Immediate), Denin			
Duration of Last Sickner All the above information should be		R	······	
Place of Burial, Z	den Bark	Cam		
Date of Burial,	ne m	Kum	anslind) M.D.
\ Undertaker, \ \	Laple !	5	Medical Atter	
Place of Business,	137 S Bon	Address, 129	Almas.	way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the
City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

| Place of Business, 82

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate. Mepartment, Otty Office of Registrat of Mark Statistics. Permit No ion of this Certificate, accurately filled out, the death of said deceased, or sooner, if The Physician who attended any person in a last i to the Undertaker or other person superintending the barrial within twenty-four hours requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE QBTAINED WITHOUT A P CERTIFICATE. Date of Death, Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not } required in this line. Married, Single, Widow or Widower, {Cross out the words not required in this line. Occupation, Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, {Give Street and Number.} First (Primary),... Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be Place of Burial Date of Burial, Jane (Undertaker / from

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

EALTH DEPARTWENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Frinted 10/2/1/2022

The Special Attention of Physicians	is Respectfully Invited t	to the Remarks below	, and to List of Diseases	on back of this Cortificate
Dealth	Departme	WHEN BUT	Baltin	tore.
to the Undertaker or other person so requested so to do, under penalty of	Office of Regions person in a last illness uperintending the buriel, law.	is responsible for the	proportation of this Cer	Ward 13 15 tificate, accurately filled out aid deceased, or sooner, if
app.	TIFICAT		DEATH	I. 24
Full Name of Deceased, \ \bigg\{ \big\{ \bigg\{ \bigg\{ \bigg\{ \bigg\{ \bigg\{ \big\{ \big\{ \big\{ \big\{ \} \big\{ \} \big\{ \} \big\{ \} \big\{ \big\} \} \big\{ \big\{ \big\{ \big\{ \big\{ \big\{ \big\{ \big\{ \big\} \} \big\{ \big\} \big\{ \big\{ \big\{ \big\{ \big\{ \big\{ \big\{ \bi\} \} \bi\} \big\{ \big\} \big\} \big\} \big\} \bi\} \big\} \big\} \big\}	Trite legibly and spell prrectly. If an Infant of named, give names parents.	Barret	Sohnli	2-
Age, Fequire	Years,	<i>1</i> <u>/</u>	Conths,	Days.
Married, Single, Widow or Occupation,	Willower, {Cross out the required in	ne words not }	e V	
Birth Place, State or country, and h long in the United State of foreign birth.	ow)	mited	State	
$egin{aligned} ext{Duration of Residence in to} \ ext{Place of Death}, \{ egin{aligned} ext{Give Street and} \ ext{Number.} \ \end{cases} \end{aligned}$	he City of Baltim	. 7, 1.	The contro	Low Y Ince
$\textit{Cause of Death}, egin{cases} ext{First (Primal Second (Imn)} \end{cases}$	-	semi	Com	a -
nuration of Last Sickness, All the above information should be furni	shed by the Physician	day		
lace of Burial, June 11	in ore Cen	· -		
Undertaker, Vulius of Place of Business, Shar	, 1	Address, M	Medical A	Attendant. Attendant.
SECTION 2. And be it further enacte Physician who attended during his atty-four hours after the death, to the learner can be ascertained, the full name date of death.	d and ordained, That who or her last sickness, or the	enever any person sh	all die in the said city, it	shall be the duty of

The Special Attention of Physicians is	Respectfully Invited to the R	temarks below, and to List o	f Diseases on back of this	s Certificate.
Permit No. 300 C	Departments Office of Registry person in a last illness, is res perintending the purity with	of Yastl Statis	stics. Ward	ately filled out
No Permit	FOR BURIAL CAN BE CAN	TED WOTHER A PROPER C	ERTIFICATE.	B
Date of Douth	June 1	oth 1887		
Full Name of Deceased, working of the Sar Male or Female Cross of	rectly. If an Infant named, give names parents.	ohanna H	berring	
Age, 68	d in this line.	Months,	, /	Days.
Color,				
Occupation, Birth Place, State or country, and he long in the United State of foreign birth. Duration of Residence in the state of the long in the l	the City of Raltimore	German 28 46		
Place of Death, Give Street and	# 144	2 6. Ball	war p	
	mediate),	Variety - Co	u geh u hous)	
Duration of Last Sickness, All the above information should be turn	nished by the Physician.	que jear		
Place of Burial, Call. Date of Burial, June.	12tt 1887	etery) 10	
Undertaker, Hewan	Moura	ohn He, Il	Medical Attendant.	
Place of Business, 215	All farkave A	ddress,* 1709 a	her amah	

Place of Business, 215 Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.